PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								101509770				
		CLAIMS		SMALL ENTITY			OTHER THAN					
TOTAL CLAIMS			Colu	ımn 1)	lumn 2)	TYPE		0	F SMAL	EH THAN LENTITY		
FOR						·	RAT	E FEE		RATE		
· · · · · · · · · · · · · · · · · · ·				NUMBER FILED NUM			BASIC FEE		0	R BASIC FI	EE 920	
TOTAL CHARGEABLE CLAIMS			15%	minus 20≂	38	XS 9	=	01	R XS16=	7		
INDEPENDENT CLAIMS			17	minus 3 =	*	6	X43:		\neg	\	54	
L	ULTIPLE DEP	ENDENT CLAIM	PRESENT						OF		10/19	
* If the difference in column 1 is less than				zero, enter	"0" in	column 2	+145		OF	-290=	290	
		CLAIMS AS					TOTA	L	OF	R TOTAL	<u> </u>	
		(Column 1)		(Colum		(Column 3)	SMAL	L ENTITY	OR		R THAN ENTITY	
r A		CLAIMS REMAINING		HIGHE NUMB	ST	PRESENT		ADDI	7	SHIALL	ADDI-	
EN		AFTER AMENDMENT		PREVIOU PAID F	USLY	EXTRA	RATE		-	RATE	TIONAL	
NON	Total	*	Minus	tra .		=	XS 9=		1	VS10	FEE	
AMENDMENT A	Independent		Minus	***		=	 	- 	OR		 	
_	FIRST PRES	SENTATION OF N	1ULTIPLE D	EPENDENT (CLAIM		X43=	<u> </u>	OR	X86=		
							+145=		OR	+290=	ļ.	
							TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)				•		
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JME	Total	AMENDMENT		PAID FO		EXTRA	- Indie	FEE		RATE	TIONAL FEE	
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				•		•	TOTAL		OR	+290=		
		(Column 1)		(Column	2)·	(Cal a)	ADDIT. FEE		OR ,	ODIT. FEE		
Ī		CLAIMS REMAINING		HIGHES	7	(Column 3).			-			
		AFTER AMENDMENT		NUMBER PREVIOUS	LY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ŀ	Total		Minus	PAID FOR				FEE	-		FEE	
	ndependent	*	Minus	***		=	X\$ 9=		OR	X\$18=	·	
Ī	IRST PRESE	NTATION OF MU	_				X43=		OR	X86=		
145												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 5:13:05 2 Serial/Patent # 10/509110									
3 Please refund the follow	ving fee(s):	4 PAPEI NUMBI		5 DATE FILED	6 AMOUNT				
Filing					\$				
Amendment				\$					
Extension of Time					\$				
Notice of Appeal/App	Notice of Appeal/Appeal				\$				
Petition				\$					
Issue	Issue				\$				
Cert of Correction/	Cert of Correction/Terminal Disc.				\$				
Maintenance	Maintenance				\$				
Assignment					\$				
other Claums			928-04	\$16200					
			7 TOTAL AMOUNT OF REFUND \$ (6						
***************************************			8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check							
Overpayment	Overpayment				Credit Deposit A/C #:				
Duplicate Payment	,05-8840								
No Fee Due (Explanation):									
11 REFUND REQUESTED BY;									
TYPED/PRINTED NAME: Chartasurs TITLE: Taralegal									
SIGNATURE: PHONE: 308, 9148 x207									
OFFICE:									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED:	DATE:	_							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B